

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000352842

Entity Name: ADVOCATE CARE NURSING, LLC

Current Principal Place of Business:

36 M A BOARD ST
APT 4
APOPKA, FL 32703

Current Mailing Address:

PO BOX 462
MIDDLEBURY, VT 05753 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GEFFRARD, SHONDA L
36 M A BOARD ST
APT 4
APOPKA, FL 32703 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GEFFRARD, SHONDA L
Address 36 M A BOARD
City-State-Zip: APOPKA FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHONDA L GEFFRARD

SHONDA GEFFRARD

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date